

HOT SPOT

Hang on Tight—Stories, Parables, Occurrences, Training

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Spotlight On Care:

Test your IQ for high blood pressure.

MedlinePlus Health Information

1. Which of the following is the most desirable blood pressure reading?

- a) 130/90
- b) 180/110
- c) 140/80
- d) 120/80

d) 120/80 mm Hg is the most desirable reading in this list. The American Heart Association recommends this number, or lower, as optimal. 130/85 is considered "normal," but 130/85 is getting in the high-normal range. Anything over 130 for systolic or 85 for diastolic is considered high and should be evaluated by a physician immediately.

2. The main cause of high blood pressure is:

- a) Stress
- b) Obesity
- c) Unknown
- d) Aging

c) Unknown. In 90 to 95 percent of high blood pressure cases, the cause is unknown. In fact, anyone can have high blood pressure for years without knowing it. That is why it is called the silent killer.

3. Which of the following groups has the highest rate of high blood pressure?

- a) Caucasians
- b) African Americans
- c) Hispanics
- d) Asian/Pacific Islanders

b) African Americans. The rate of high blood pressure in African Americans in the United States is among the highest in the world. African Americans are at higher risk for this serious disease than whites and have higher prevalence rates than Mexican Americans and Asian/Pacific Islander adults. High blood pressure tends to be more common, happens at an earlier age, and is more severe for many African Americans.

4. A person with high blood pressure:

- a) Has high cholesterol
- b) Has a high risk of stroke and heart attack
- c) Has a nervous condition
- d) May experience erratic heartbeats

b) Has a high risk of stroke and heart attack. High blood pressure is the most important modifiable risk factor for stroke, the No. 3 killer and a leading cause of severe, long-term disability in the United States. It is also an important risk factor for heart attack.

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MORTALITY ALERT!

Second Opinions

Thanks to Dr. Adadot Hayes
for this informative article.

Second opinions are quite common. We often ask for second opinions because we want to make the right decisions. For example, when buying something like clothing or a present we often ask our friends "What do they think?" It is the same for health and medical care. We want the best for ourselves or those we support, so, particularly when the issue is very serious, we may want a second opinion. Second opinions are quite common in medicine, in fact some insurance plans require them for certain surgeries, diagnoses or procedures.



When should we ask for a second opinion? We should first consider why we might want a second opinion. If it is because we don't understand the information, we should go back and ask more questions. Most doctors are happy to answer questions, especially if well thought out because it helps them understand the issues and the patient to do better. Is it because you are unhappy with the advice received? Second opinions can sometimes offer a different perspective on the problem. Some doctors are more conservative and others more aggressive.

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The HOT SPOT can be found on the web site for the
State of Tennessee. Find it easily at
www.state.tn.us/mental/publicate.html

MORTALITY ALERT!

Second Opinions... from page 1

Sometimes another doctor might come up with something the first doctor didn't think about or didn't know about. No doctor can know everything or make the right decision all the time. On the other hand "doctor shopping" as a consistent practice is not very effective and may be confusing and can be expensive.

In some cases with people with mental retardation, there are certain situations when a second opinion is very important. This situation arises when people with mental retardation are denied treatment because of their underlying developmental disability or judgments about quality of life. This is particularly important with situations which may lead to death as, for example, cancer. Many patients are told there's no hope and no treatment that would be of value. In this case, there's nothing to lose by getting a second opinion and much to gain if a second opinion could save or prolong a life.

Another issue is refusing care for people with mental retardation because of the statement that "it might hurt", they can't cooperate or they don't have the "quality of life" that makes them eligible for treatment. Treatment decisions should not be made on the basis of someone else's interpretation of the patient's quality of life, especially when they don't know them. This is particularly true for people with mental retardation whose quality of life may be different than that perceived by someone else. Sometimes people unfamiliar with people with mental retardation think that these people don't enjoy life, perceive pain or feel emotion. Sometimes it helps to discuss these issues with doctors (who are part of society) to help them understand the lives of their patients. Of course we know that everyone feels pain and has emotions but may express these in different ways. We all experience some pain and discomfort as we seek medical treatment so that may not be an unreasonable expectation. But there are also a wide range of strategies (for example, EMLA cream for injections, medication for anxiety, desensitization for fears) to help lessen pain and discomfort and improve cooperation with treatment. These are available and should be considered for persons with mental retardation. Also, the ability to understand and carry out medical care is also an unreasonable excuse as many people (i.e. babies) are in this position and our system of supports provides for this.

So, if you think a second opinion would be beneficial, it should be discussed with the doctor, either the primary doctor or perhaps a specialist. If any treatment is denied because of perceived patient deficits the issues should be discussed and strategies to compensate presented to the doctor or a request for a second opinion made. A second opinion should include review of medical records and diagnostic tests and the rendering of an opinion that includes treatment options or alternatives and recommendations regarding future therapeutic considerations.

BeMedWise.org - Ten Ways to Be Med Wise

The more than 100,000 over-the-counter (OTC) drugs that can be bought without a prescription all have one thing in common: they are serious medicines that need to be taken with care. That is why it is important to Be MedWise every time while buying and using an OTC drug. Here are ten simple ways to get the most from OTC medicines:

1. Always start by reading the label—all of it.

Reading the label will help decide if the right product has been selected for the symptoms, the dosing instructions are clear, and there are any warnings that may apply.

2. Look for an OTC medicine that will treat only the symptoms.

The formulations of OTC drugs are very specific and should not be mixed and matched.

3. Know what to avoid while taking an OTC medicine.

Like prescription medicines, some OTC drugs can cause side effects or reactions. Read the label to see what to avoid while taking an OTC drug.

4. When in doubt, ask before you buy or use an OTC medicine.

Taking an OTC medicine safely is too important for guesswork. If there are questions, ask the pharmacist or doctor.

5. Take the medicine EXACTLY as stated on the label.

When it comes to OTC medicines, more is not better! Taking too much of a nonprescription medicine can be harmful. Only take the recommended amount and at the exact intervals stated on the label.

6. Use extra caution when taking more than one OTC drug product at a time.

Many OTC medicines contain the same active ingredients, which means a person may be getting more than the recommended dose without even knowing it. Always compare active ingredients before taking more than one OTC medicine at the same time.

7. Do not combine prescription medicines and OTC drugs without talking to the doctor first.

Sometimes combining drugs can cause adverse reactions or one drug can interfere with the other drug's effectiveness. Always ask the doctor or pharmacist to play it safe.

8. Make sure that each of the person's doctors has a list of all the medicines being taken.

This includes not only prescription medicines but also any OTC drugs, herbs, and dietary supplements that a person may be taking.

9. Always give infants and children OTC medicines that are especially formulated for their age and weight.

Unless labeled otherwise, adult-strength products should not be given to children; doing so could result in accidental overdosing. To be safe, do not cut adult tablets in half or estimate a child's dose of an adult-strength liquid product.

10. Do not use OTC medicines after their expiration date.

Dispose of all medicines promptly after their expiration date and be careful not to throw them away where children or pets may find them.

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5. High blood pressure medication is usually prescribed to be taken:

- a) Under stressful situations
- b) As a lifelong way to manage high blood pressure
- c) When activities require physical exertion
- d) Whenever a patient feels bad

b) As a lifelong way to manage high blood pressure. Blood pressure medication is a way to manage high blood pressure and is taken every day — not just under certain “conditions.” High blood pressure is a lifelong disease. It can be controlled but not cured. If the doctor has prescribed medication, take it EXACTLY as prescribed for as long as the doctor says it must be taken.

6. Which of the following is more likely to contribute to high blood pressure?

- a) Physical activity
- b) Salt/sodium intake
- c) High cholesterol level
- d) Ice cream

b) Salt/sodium intake. Some people are “salt sensitive,” so eating a lot of salt (sodium) adds to their high blood pressure. Salt holds excess fluid in the body and puts an added burden on the heart. Recent evidence suggests that salt sensitivity can also be a very important determinant of future high blood pressure and cardiovascular disease risk.

7. Major risk factors other than high blood pressure for heart disease and stroke include:

- a) High cholesterol
- b) Smoking
- c) Family history of heart disease
- d) All of the above

d) All of the above. Also include lack of physical activity, diabetes, increasing age, being African American and being male in the list. Risk factors for heart disease and stroke amplify one another rather than just adding up. The more risk factors, the higher the risk for heart disease and stroke.

8. Which of the following may be dangerous for people with high blood pressure?

- a) Physical activity
- b) Eggs
- c) Cold and flu medicines
- d) Microwaves

c) Cold and flu medicines. People with high blood pressure should be aware of the possible danger of taking certain cold, cough and flu medications. The American Heart Association recognizes that decongestants have been reported to increase blood pressure and may interfere with blood pressure medications.

9. If you or a close blood relative has high blood pressure, you have a higher risk of stroke. Do you know which of these is a stroke warning sign?

- a) Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- b) Sudden confusion, trouble speaking or understanding
- c) Sudden trouble seeing in one or both eyes
- d) Sudden trouble walking, dizziness, loss of balance or coordination
- e) Sudden, severe headache with no known cause
- f) All of the above

f) All of the above. These are all warning signs of a stroke and not to be taken lightly. If someone is having these symptoms, call 9-1-1 immediately. Stroke and heart attack are life-and-death emergencies — every second counts. Not all these signs occur in every stroke. Sometimes they go away and return. If any occur, get help fast! Today new medications may stop strokes and heart attacks in progress, but to be effective, these drugs must be given relatively quickly after symptoms first appear. So do not delay — get help immediately.



Questions to Ask the Doctor

Many people have questions for their doctors about tests, drug treatments, risk factors and lifestyle changes. Below are examples of common questions. Caregivers may assist with these questions.

About High Blood Pressure:

- What do my blood pressure numbers mean?
- What should my blood pressure be?
- What are my options to control high blood pressure?
- How often should my blood pressure be checked?
- What about home blood pressure monitors?
- Should I use blood pressure machines at stores?
- How does exercise affect my blood pressure?
- What is my daily sodium (or salt) limit?
- Will I need to take blood pressure medicine?

About Drug Treatment:

- What kind of medicine should I take?
- Is there sodium in the medicine I take?
- What should I know about the medicine?
- What are the side effects?
- How do I know if it's working?
- How can I remember when to take the medicine?
- What if I forget to take a medicine?
- Should I avoid any foods or other medicines?
- Can I drink alcohol?
- How long will I need to take my medicine?

Preventing Foot Trouble

Practice good foot care. Check the feet regularly, or have a caretaker check them. Podiatrists and primary care doctors (internists and family practitioners) are qualified to treat most foot problems. Sometimes the special skills of an orthopedic surgeon or dermatologist are needed.

It also helps to keep blood circulating to the feet as much as possible. Do this by putting the feet up when sitting or lying down, stretching if you have had to sit for a long while, walking, having a gentle foot massage, or taking a warm foot bath. Try to avoid pressure from shoes that do not fit right. Try not to expose the feet to cold temperatures. Do not sit for long periods of time (especially with the legs crossed). Do not smoke.

Wearing comfortable shoes that fit well can prevent many foot ailments. Here are some tips for getting a proper shoe fit:

The size of the feet changes as we grow older so always have your feet measured before buying shoes. The best time to measure the feet is at the end of the day when feet are largest. Most of us have one foot that is larger than the other, so fit the shoe to the larger foot. Do not select shoes by the size marked inside the shoe but by how the shoe fits the foot.

Select a shoe that is shaped like the foot. During the fitting process, make sure there is enough space (3/8" to 1/2") for the longest toe at the end of each shoe when standing up. Make sure the ball of the foot fits comfortably into the widest part of the shoe.

Do not buy shoes that feel too tight and expect them to stretch to fit. The heel should fit comfortably in the shoe with a minimum amount of slipping - the shoes should not ride up and down on the heel when walking.

Walk in the shoes to make sure they fit and feel right. Then take them home and spend some time walking on carpet to make sure the fit is a good one.

The upper part of the shoes should be made of a soft, flexible material to match the shape of the foot. Shoes made of leather can reduce the possibility of skin irritations. Soles should provide solid footing and not be slippery. Thick soles cushion the feet when walking on hard surfaces. Low-heeled shoes are more comfortable, safer, and less damaging than high-heeled shoes.

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The Tennessee Department of Mental Health and Developmental Disabilities is committed to principles of equal opportunity, equal access and affirmative action. Contact the department's EEO/AA Coordinator at (615) 532-6580, the Title VI Coordinator at (615) 532-6700 or the ADA Coordinator at (615) 532-6700 for inquiries, complaints or further information. Persons with hearing impairment should call (615) 532-6612.



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